

MED-19-0043 OEM



**City of Newark
NEW JERSEY
GOVERNMENT RECORDS REQUEST FORM
(GENERAL FORM)**

OPRA#
Office of the City Clerk
Kenneth Louis, City Clerk
920 Broad St.
City Hall, Room, 306
Newark, New Jersey 07102
Telephone: (973) 424-4116
Facsimile: (973) 733-4893
Email: OPRA@ci.newark.nj.us

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Bachel MI P Last Name Leven
Company The Center for Public Integrity
Mailing Address 910 17th St. NW, 7th Floor
City Washington State DC Zip 20006 Email rlieven@publicintegrity.org
Business Hours Telephone: Area Code 202 Number 481.1253 Extension —
Fax Telephone: —
Preferred Delivery: Pick Up — US Mail ☒ On Site Inspection —
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/4/2019

Payment Information

Maximum Authorization Cost \$ 200
Select Payment Method
Cash — Check — Money Order —
Fees: Per Page — @ \$0.05
Business Paper
Per Page — @ \$0.07
Legal Paper
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please send me a copy of Newark's response plan that lays out how the city of Newark intends to respond to natural disasters and other emergencies. Please send me a copy of the current plan, as well as any other versions of it published between 2011 and the date this request is processed.

I am a member of the media. Please apply any and all fee waivers that are applicable.

CITY CLERK'S OFFICE
NEWARK, N.J.
ROOM 415A

2019 SEP 20 P 4: 14

AGENCY USE ONLY

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Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____

Tracking Information

Final Cost

Application # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____
Records Provided	